



PRISM Notes for RCs and Reviewers

PRISM Support (800) 518-1932

March 9, 2007

PRISM Notes is periodic communication (focused on the use of PRISM software) sent to those involved in Head Start monitoring. It provides information on software upgrades, special alerts, timely tips for effective use, and updates on new training resources.

Important Updates

- See new release information below.
- *Daylight savings time* occurs this weekend and should not effect those using PRISM.

New Release Information

- A new version of PRISM software (2.1) will be released the evening of March 9, 2007. Reviewers are reminded that they must synchronize their PRISM software regularly, especially before a review, in order to ensure they have the most recent upgrades or new version of the software. If you need to install the PRISM 2007 software on your computer, or need guidance on synchronization, please visit www.headstartreviews.com and click on PRISM.
- Appendix A provides an overview of the recent changes. This release includes enhancements and new features to both PRISM Stand Alone and PRISM Web.

Software Usage Tips

- *FAQ document.* The PRISM software “Frequently Asked Questions” document is revised on an ongoing basis based on questions the PRISM Support team receives or in response to questions posed on webinars or in conference calls. New questions are indicated by an arrow. A new version was released on February 16 and is available online.
- *Running PRISM from a flashdrive?* It is not recommended that you run PRISM from a USB/Flashdrive. PRISM must be loaded onto a laptop to run effectively, however you may install the software from a USB/Flashdrive.



Conducting Excellent Reviews



Training Opportunities

- *New Reviewer Training: Introduction to Head Start Monitoring and Protocol.* A training for new bilingual reviewers took place on Thursday March 8th, 2007. The presentation used in this webinar can be accessed through the “What’s New” section on the PRISM website:
<http://www.acf.hhs.gov/programs/hsb/prism/index.htm>.
- *Software Webinars.* Please mark your calendar for the second Thursday of every month (through June 2007, 1-2:30 p.m. EST) for future PRISM software webinars. Login information will be communicated to you via e-mail. The March 8 session is on “The Collaboration Functions and Shared Notes” within PRISM. If you miss the training, a recording of it as well as the presentation, is available online.
- *OnDemand Software Tutorials.* Have you tried the online, self-paced software tutorials? Topics include: adding notes, answering compliance questions, creating a finding, completing checklists, and assessing a follow-up review.
- *Suggestions.* We would like to know how we can best meet your training needs. Please send an e-mail with suggestions for additional training topics to support@prismreview.com (with “Training” in the subject line)

~~~~~  
PRISM software information referenced here can be found online at [www.headstartreviews.com](http://www.headstartreviews.com) (click on the PRISM button, then PRISM software and training). On the PRISM software page you can also find recordings of training webinars, self-paced tutorials, guidance documents, archived editions of “PRISM Notes” as well as PRISM Support Help Desk hours and contact information. The PRISM Support Help Desk email is [support@prismreview.com](mailto:support@prismreview.com).



# Conducting Excellent Reviews



## Appendix A

### PRISM 2007 Software Release 2.1 (FTL)

Release 2.1 includes the following changes to the Stand Alone and Web:

- Report Coordinator Checklist and Grantee Form (Stand Alone)
- Protocol Tab Filter (Stand Alone)
- New PDM Question in Subsection VI
- Safe Environments Questions 1A, 1B, and 1C

#### I. Report Coordinator Checklist and Grantee Form

**A. The Grantee Form can now be printed from within PRISM Stand Alone software. This form matches the paper form Report Coordinators have previously received by mail (pictured below). The paper forms will no longer be mailed to the RC but will, instead, be printed from the software.**

| Name of Review:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Review ID#:              |                          | Program Type:     |  | <input type="checkbox"/> HS | <input type="checkbox"/> EHS | <input type="checkbox"/> Both |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|--------------------------|-------------------|--|-----------------------------|------------------------------|-------------------------------|
| Name of FTL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                          |                          |                   |  |                             |                              |                               |
| Name of RC:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                          |                          |                   |  |                             |                              |                               |
| <small>Before the end of the review week, please complete column (A) on this form (with help from your Reviewers and Team Leader) and submit to your Team Leader (TL). Your TL will ask the grantee's Executive Director or Head Start Director to confirm that all of the information you recorded on the form is correct by checking the 'Correct' checkbox in column (B) beside each entry. If the grantee's Executive Director and/or Head Start Director identifies errors, he/she should check the 'Not Correct' checkbox in column (C) and record the correct information in column (D). After the grantee's Executive Director and/or Head Start Director signs and dates this form, you (as the RC) should complete the PRISM software's RC Checklist with any corrections, include the form with your COP and TER, and mail them to Danya.</small> |  |                          |                          |                   |  |                             |                              |                               |
| (A)<br>Current Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | (B)<br>Correct           | (C)<br>Not Correct       | (D)<br>Correction |  |                             |                              |                               |
| Grantee's Legal Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <input type="checkbox"/> | <input type="checkbox"/> |                   |  |                             |                              |                               |
| Grantee's Current Mailing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <input type="checkbox"/> | <input type="checkbox"/> |                   |  |                             |                              |                               |
| Line 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> | <input type="checkbox"/> |                   |  |                             |                              |                               |
| Line 2:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> | <input type="checkbox"/> |                   |  |                             |                              |                               |
| City, State:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <input type="checkbox"/> | <input type="checkbox"/> |                   |  |                             |                              |                               |
| Zip Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> | <input type="checkbox"/> |                   |  |                             |                              |                               |
| Executive Director:<br>[Title, First, Last]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <input type="checkbox"/> | <input type="checkbox"/> |                   |  |                             |                              |                               |
| Head Start Director:<br>[Title, First, Last]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <input type="checkbox"/> | <input type="checkbox"/> |                   |  |                             |                              |                               |
| Board Chairperson:<br>[Title, First, Last]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> | <input type="checkbox"/> |                   |  |                             |                              |                               |
| Policy Council Chairperson:<br>[Title, First, Last]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/> | <input type="checkbox"/> |                   |  |                             |                              |                               |

**B. On each review you coordinate, please first complete the "Grantee Profile and Report Distribution Questions" in the Report Coordinator Checklist, located under the tools tab. Print the Grantee Contact and Address Confirmation Form from the PRISM software. Column (A) will include the**

# Conducting Excellent Reviews



**information you entered on this form. Submit this form to your Team Leader. Your Team Leader will ask the grantee's Executive Director or Head Start Director to confirm that all of the information you recorded on the form is correct by checking the 'Correct' checkbox in column (B) beside each entry. If the grantee's Executive Director and/or Head Start Director identifies errors, he/she should check the 'Not Correct' check box in column (C) and record the correct information in column (D). After the grantee's Executive Director and/or Head Start Director signs and dates this form, you (as the RC) should then enter the correct information into PRISM Report Coordinator Checklist. Please continue to return the signed form with your COP and TER, and mail them to Danya.**

The Report Coordinator Checklist in the Tools Tab of PRISM 2.1 matches the fields contained in column A on the printed form.

The screenshot displays the PRISM Instrument software interface. The title bar reads "PRISM Instrument". The main header features the PRISM logo and the text "Program Review Instrument for Systems Monitoring of Head Start and Early Head Start Grantees". Below the header, a "Select Review" button is visible. The interface is divided into several tabs: "Protocol", "Standards", "Findings", and "Tools". The "Tools" tab is active, showing a list of available forms: "Protocol Worksheet", "Observation Worksheet", "Age and Income Eligibility Review and Guidance Forms", "Report Coordinator Checklist" (highlighted), "Team Leader Checklist", and "Delegate Checklist". The main content area displays the "Report Coordinator Checklist" form. It includes a navigation bar with "Home", "Back", "Next", and "Up" buttons, along with "Assign the Report Coordinator Checklist" and "Print the Grantee Confirmation Form" buttons. The form contains "Instructions for the Report Coordinator Checklist" and "Grantee Profile and Report Distribution Questions". The questions are: 1. What is the Organization's Name? 2. What is the Grantee's Current Mailing Address (Line 1)? 3. What is the Grantee's Current Mailing Address (Line 2)? Each question has a text input field and an "Add Notes" button. The status bar at the bottom indicates "Page Assigned To: sample.user", "2.1.0.7", and "sample.user".

# Conducting Excellent Reviews



## II. Protocol Filter Tab (Stand Alone)

**A. This filter function is found on the Protocol Tab in PRISM Stand Alone. The default is set to Show All. The reviewer has the option to select “Show All Questions Associated with Findings” from this filter. The filter, when enabled, will display all Protocol Questions that have been associated with Findings. This function allows the reviewer to see only those questions with findings.**

The Protocol Filter tab allows the reviewer to see what questions in the protocol are associated with findings.

# Conducting Excellent Reviews



During a follow up review, the reviewer can see the history from a previous review (triennial or other review) and the standard citation.

**SECTION II - Providing Health Services**

**2A**

**2A COMPLIANCE QUESTION**

Can the grantee and delegate staff assigned to oversee health services describe and demonstrate through source documents the process the agency has implemented to determine whether each child has an ongoing source of continuous, accessible health care?

Note: 1304.20(a)(2) applies only to programs lasting 90 days or fewer and should be cited in conjunction with 1304.20(a)(1) for such programs.

1304.20(a)(1)(i) 1304.20(a)(2)

**2A GROUND TO COVER – LOOK FOR, LISTEN FOR, ASK ABOUT THE FOLLOWING:**

- Determine whether the grantee and delegate address children's ongoing source of health care during enrollment activities before their entry into the program.
- Determine whether the grantee and delegate sought assistance from the Health Services Advisory Committee (HSAC) to identify long-term providers, sources of funding for health services, and ways to inform community health providers about HS children and families' health needs.
- Ask how the grantee and delegate determine whether enrolled children have an ongoing source of continuous, accessible health care.

**History:** [Hide History](#)

**Standard:**

1304.20 Child Health and Developmental Services.

(a) Determining Child Health Status

(1) In collaboration with the parents and as quickly as possible, but no later than 90 calendar days the exception noted in paragraph (a)(2) of this section) from the child's entry into the program (for purposes of 45 CFR 1304.20(a)(1), 45 CFR 1304.20(a)(2), and 45 CFR 1304.20(b)(1), "entry" means the first day that Early Head Start or Head Start services are provided to the child), grantee and delegate agree must:

(i) Make a determination as to whether or not each child has an ongoing source of continuous, accessible health care. If a child does not have a source of ongoing health care, grantee and delegate agencies assist the parents in accessing a source of care;

Triennial (1/7/2007) - Deficiency  
This is the nifty PANC that has one note and a picture of water lilies.

## III. New PDM Question in Subsection VI

- A. A new "Eligibility, Enrollment, and Attendance" compliance question (6E) has been added to the PDM section.

## IV. Safe Environments Questions 1A, 1B, and 1C

- A. N/A has been added as an option to Safe Environments compliance questions 1A, 1B, and 1C.

Please call PRISM Support (1-800-518-1932) if you have any questions.

